

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022541

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No. \_\_\_\_\_

Registrar's No. 62

STATE FILE NUMBER

FILED JUL 10 1962

## 1. PLACE OF DEATH

a. COUNTY

Gentry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Gentryb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN King CityLength of stay in 1b  
All Lifec. CITY  
OR TOWN King CityInside Limits  
Yes ☒ No ☐c. FULL NAME OF  
HOSPITAL OR  
INSTITUTION ResidenceInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
409 W. VermontReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
VirdaMiddle  
(NMN)Last  
Hudson.4. DATE  
OF DEATHMonth  
JulyDay  
3Year  
1962

## 5. SEX

Female

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4/13/80

## 9. AGE (last birthday)

82

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (City and state or country)

DeKalb County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

George Post

## 13b. MOTHER'S MAIDEN NAME

Castella Stockton

## 14. NAME OF HUSBAND OR WIFE

Frank Hudson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No(If yes, give war or dates of service)  
None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Frank Hudson King City, Mo.18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UremiaINTERVAL BETWEEN  
ONSET AND DEATH6 da

DUE TO (b)

Arterio Sclerosis CerebralYears

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 11, 62 to 7-3-62 and last saw her alive on 6-26-62Death occurred at 1:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BurialJuly 5 1962King City CemeteryKing City, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Harold E. MadrilKing City, Mo.7-5-62Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/5910380203803456789334X10111290-0131-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold E. Noel

Licensed Embalmer No. 4609

P. O. Address King City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a-STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.